

**MINUTES**  
**of the First Meeting of the**  
**Dialysis Technologists' Technical Review Committee**

**March 21, 2016**  
**1:00 p.m. to 4:00 p.m.**  
**Lower Level Conference Room "A"**  
**The Nebraska State Office Building, Lincoln, NE**

**Members Present**

Travis Teetor, M.D. (Chair)  
Corrinne Pedersen  
Michael J. O'Hara, JD, PhD  
Michael Millea  
Susan Meyerle, LMHP, PhD  
Denise Logan, BS, RT  
Allison Dering-Anderson, PharmD, RP

**Members Absent**

**Staff Present**

Matt Gelvin  
Ron Briel  
Marla Scheer

**I. Call to Order, Roll Call, Approval of the Agenda**

Dr. Teetor called the meeting to order at 1:00 p.m. The roll was called; a quorum was present. He welcomed all attendees and asked the committee members to introduce themselves. The agenda and Open Meetings Law were posted and the meeting was advertised online at [http://dhhs.ne.gov/Pages/reg\\_admcr.aspx](http://dhhs.ne.gov/Pages/reg_admcr.aspx). The committee members unanimously approved the agenda for the first meeting.

The committee members unanimously agreed to adopt the following method of notifying the public about the date, time, and content of their meetings:

- Agendas for these meetings are posted on the Credentialing Review component of the Department of Health and Human Services website, and can be found at [http://dhhs.ne.gov/Pages/reg\\_admcr.aspx](http://dhhs.ne.gov/Pages/reg_admcr.aspx)
- Agendas for these meetings are posted on the Licensure Unit bulletin board located on the northeast corner of the first floor of the Nebraska State Office Building near the receptionist's area of the Licensure Unit.

**II. Scheduling an Additional Meeting**

The committee members selected Monday, May 2, 2016 as a replacement date for the April 25, 2016 meeting. Previously the committee members had selected June 13 and June 30 as the dates for other future meetings of their committee.

### **III. Orientation of the Committee Members to the Credentialing Review Program**

Dr. Teetor introduced program staff for the purpose of orienting the committee members to the Credentialing Review Program. Mr. Briel and Mr. Gelvin conducted the orientation. A copy of this presentation was made available to the committee members at the beginning of the meeting.

### **IV. Presentation of the Application by the Applicant Group**

Matt Bauman, R.N., gave the presentation on behalf of the applicant group. He introduced the members of his group who collectively are known as the Nebraska Kidney Coalition. Mr. Bauman informed the committee members that in June of 2015 the Nebraska Board of Nursing retired its advisory opinion which had provided support for the range of functions that dialysis techs need to provide their services. He went on to state that this situation left his group with two options: 1) Go through credentialing review, or, 2) Seek a declaratory ruling. He stated that his group decided that undergoing credentialing review was the best option for them, and that they decided that they would seek to register those who provide dialysis technology services. This registration proposal would require education, training, continuing education, and passing an examination. It would also clarify the range of functions provided by dialysis techs. He concluded his presentation by informing the committee members that under this proposal those who provide these services would also be known as "Patient Care Technologists."

### **V. Questions by the Committee Members for the Applicant Group**

Dr. Dering-Anderson asked the applicants why the Board of Nursing 'retired' their advisory opinion on dialysis technology. Mr. Bauman replied by stating that the Board told his group that they were advised by legal counsel that these kinds of Board opinions have no legal standing, and that Boards have no authority to enforce them. Mr. Bauman went on to state that the applicant group is concerned that their services are in jeopardy because they no longer have a legally constituted body to protect them. He went on to state that if for whatever reason dialysis techs were disallowed to practice the availability of persons to do this kind of work would decrease drastically. There would not enough nurses available to fill such a gap.

Dr. Dering-Anderson asked the applicants why they think they need to do anything. What would be the worst thing that could happen? Mr. Bauman replied that his group was advised to define a range of functions and pursue a credential that would include these functions. Dr. Dering-Anderson replied by stating that this response begs the question why such advice was offered in the first place. What is the thinking behind this advice? Dr. O'Hara commented that he can't see any reason why anyone would want to interfere with the services of dialysis techs. Why would anyone want to threaten the role of this professional group in the provision of dialysis services?

The applicants were asked to clarify how the various requirements associated with this registration would be implemented or verified in the case of a candidate seeking employment as a dialysis tech for the first time. Wouldn't they already be employed as a dialysis tech prior to receiving all the education and training and testing required under the terms of the proposal? Who would oversee the progress of a registrant pursuant to the completion of all these requirements, and how would they do this? An applicant representative responded that it would be the responsibility of each candidate to fulfill all the requirements and report any failures in fulfilling such requirements as the law requires. This representative went on to state that a candidate cannot be registered if they don't pass the examination, and that employers would help each candidate make arrangements for taking the examination and would require that the candidate notify them

regarding the completion of this requirement or their failure to complete it.

Dr. Dering-Anderson asked whether there would be exemptions for those who provide dialysis at their home for a family member, for example. Comment was made that the proposal does not seem to allow for these kinds of exemptions. Another commentator stated that those who provide dialysis for family members at home are not members of the profession per se, nor are they seeking employment doing this work.

Dr. Teetor asked the applicants if there are schools locally that train dialysis techs. An applicant representative responded that there are no schools locally, but that most of the training is 'OJT' and that some of it is also 'on line'.

## **VI. Presentations by Other Groups**

Don Wesely commented on behalf of the Nebraska Nurses Association (NNA) by stating that NNA is a neutral observer at this point in the review process. Elizabeth Hurst commented on behalf of the Nebraska Hospital Association indicating that they are in full support of the proposal. Gina Ragland commented on behalf of the Nebraska Medical Association indicating that they are in full support of the proposal.

## **VII. Additional Questions by Committee Members for the Applicant Group**

Several committee members sought more clarification from the applicants regarding the action of the Board of Nursing which 'retired' the advisory opinion on dialysis tech functions and procedures. Mr. Bauman responded by stating that one reason for this action pertains to whether or not dialysis tech functions and procedures are complex or non-complex interventions. Mr. Bauman explained that non-complex interventions are those which a nurse can delegate to a dialysis tech and which do not require medical judgment. Complex interventions cannot be delegated to a dialysis tech because they require nursing oversight and monitoring and because they are defined as medical procedures requiring medical judgment. Mr. Bauman stated that the Board of Nursing considers dialysis tech patient care procedures as fitting under the complex intervention category, whereas the members of the Nebraska Kidney Coalition consider these procedures to be non-complex, non-medical procedures. Mr. Bauman went on to state that the Board of Nursing no longer wants to be in the position of defending or supporting dialysis tech procedures that they consider to be medical in nature because dialysis techs are not licensed and nurses cannot delegate, direct, or oversee unlicensed personnel in the performance of medical procedures. Mr. Bauman added that this was part of the reasoning behind the decision by the Board of Nursing to 'retire' the advisory opinion in question.

Ms. Logan asked Mr. Bauman what, if any, medicines do dialysis techs utilize. Mr. Bauman replied that dialysis techs use Heparin and a saline solution. Dr. Dering-Anderson asked the applicants how their proposal would impact the issue of nursing delegation to dialysis techs as regards the administration of such medications, given that the proposal seeks registration, not licensure, and that licensure is typically required before a care giver can administer or inject medications, unless the procedures in question are considered to be routine and not requiring medical judgment. Dr. Dering-Anderson asked whether or not there have been any complaints from anyone regarding any of the procedures dialysis techs are currently using, and whether or not there have been any attempts by other professionals to limit or restrict dialysis techs from utilizing any of the procedures or functions they are currently using. Mr. Bauman indicated that he was not aware of any such complaints or actions. Dr. Dering-Anderson then commented that

there seems to be no evidence indicative of a problem with the current practice of dialysis techs. Dr. Teetor asked the applicants if there are any reports of harm to the public from the services provided by dialysis techs. Mr. Bauman responded by stating that he was not aware of any such reports.

Dr. O'Hara asked the applicants whether or not there would be a renewal period. He also asked about the timing of 'CE'. He also asked about how discipline would be done under the terms of the proposal. Dr. O'Hara expressed concerns about the proposal requiring certification by a private body as a precondition for the achieving state registration. Dr. Dering-Anderson commented that the Pharm Tech statute provides a model for how these questions and issues can be addressed.

Ms. Logan asked the applicants how the registry could be managed to prevent a novice dialysis tech from harming the public before they had time to complete all the necessary education, training, and competency assessment procedures. An applicant representative responded by stating that each employer provides an orientation via a preceptor and that this preceptor also provides an internal assessment of each candidate. The applicant representative added that this internal orientation, training, and assessment process comes first, and that every candidate must undergo this process before they are allowed to do the work associated with being a dialysis tech, adding that this would continue to be the way things are done under the terms of the proposal if it were to pass.

#### **VIII. Comments from the Public**

There were no comments from attendees at this point in the meeting.

#### **IX. Next Steps**

The next step in the review process on this proposal is to continue examining the proposal utilizing the four statutory criteria for initial credentialing in mind.

#### **X. Other Business and Adjournment**

There being no further business, the committee members unanimously agreed to adjourn the meeting at 3:40 p.m.